

Incident Report

All Transition Team members will complete mandatory education related to abuse. Content will include types of abuse, symptoms, and interventions to ensure member safety, and appropriate notification of family, guardian, Protective Services, the State Team, and law enforcement personnel as indicated.

The transition team will ensure that all members, family and guardians are notified of the types and symptoms of abuse, consumer rights, and appropriate actions to take if abuse is suspected, witnessed, and/or reported. The consumer and family/guardian will be informed about the toll-free number for Protective Services and the Abuse Hotline (XXX-XXX-XXXX). Transition Team members will ensure the numbers are posted and available in the consumer's home.

The Regional Team member witnessing or receiving report of an alleged incident will notify the State Transition Team promptly. During non-administrative hours, the State Team member on call will receive the immediate verbal report. The Regional Team member will also promptly report the incident to Protective Services, (XXX-XXX-XXXX). The Transitions Team member witnessing or receiving the initial report will take action immediately to ensure member safety. An Incident Report will be completed within 24 hours, and forwarded to the State Transitions Team via email.

The Report form will include the following information:

1. Name and date of birth of individual involved.
2. Date and time alleged incident occurred.
3. Date and time alleged incident was reported.
4. Reporter's name and title, and whether reporter witnessed the alleged incident.
5. Incident Categories.
6. Injuries sustained, cause of injury.
7. Family, guardian notification, including date and time of notification. The name and title of the person contacting the family and the agency represented is also included.
8. Documentation of notification of Protective Services and law Enforcement, including date, time, and names of persons notified.
9. Actions taken to ensure member safety, including counseling regarding interventions to prevent recurrence.
10. Information about the location in which alleged incident was reported to have occurred.
11. Persons involved with the incident, including name, relationship, phone, and degree or type of involvement.
12. Reporter's name, title, signature, and date and time of report.
13. Comments that may further explain the incident or other factors impacting the incident or follow-up actions indicated.

Incident Report Addendum

Hospital Visit/Care Facility Visit

The addendum will be completed for any consumer requiring emergent care as a result of an incident. The addendum will not be utilized for basic first aid rendered in the home, but for provision of emergency care. This will include emergency room care, admission to a hospital, or psychiatric intervention in an acute care setting.

The Hospital/Care Facility Visit Report will include:

- A. Facility name date of visit, and number of hours in Emergency Room, Urgent Care Facility, or Crisis Unit;
- B. If admitted to an Acute Care Facility, the diagnoses, date of admission, and date of discharge;
- C. Instructions received upon discharge;
- D. Current Status at time of discharge. If there has been a change in the member's health status, the prognosis of the member's condition. Enter additional information as indicated. This information, with the discharge orders, will be used in assisting the consumer in making adjustment to the Plan of Treatment
- E. The Primary Care Physician's name, address, and phone number will be documented. Note follow-up appointments with specific physicians/providers. Enter date and time of appointments if available.
- F. Information deemed necessary for clarification will be noted, including subjective data or assessments, as well as changes indicated in the consumer's plan of treatment as a result of acute care interventions.
- G. The State Transition Team will receive a copy of the Addendum and will receive timely updates related to changes in the consumer's Plan of Treatment resulting from the incident.

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FINAL REPORT

The Final Report is completed by the Regional Transition Team member or designee and a copy forwarded to the State Transition Team once the incident is resolved. Any changes to the consumer's Plan of Treatment will be noted on the Final Report.

Any changes to the consumer's Plan of Treatment will result from a meeting with the Regional Team member, the consumer, family/guardian, and others included by the consumer. The purpose of this meeting will be to review the incident, discuss safety measures indicated to prevent a reoccurrence, ensuring the planning session is client-centered and that the consumer has say in any decisions made. The Regional Team member will notify the physician and the State Transition Team of changes made to the Plan of Treatment. The revised plan will be evaluated on an ongoing basis to assess for changes indicated.

A. The Regional Team member will note steps taken to correct the situation as indicated, including changes to the current Plan of Treatment, the target completion date, and the party responsible for ensuring that changes are implemented in a safe and timely manner.

B. The Team member finalizing the report will print name, title, agency, address and telephone number. The Team member will sign the report, noting the date and time of the review.

C. Additional information may be documented as needed in the "Comments" section.